



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

PROFESSIONAL EMPLOYER ORGANIZATIONS

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-68-10 et seq.
www.consumer.sc.gov
(803) 734-4200

Street Address
2221 Devine St. Suite 200
Columbia, SC 29205

CLIENT COMPANY LIST

(Please type or print in black ink)

If filling in the form electronically, copy and paste the table as many times as needed onto subsequent pages. If filling in by hand, make as many copies of the second page as needed. This information may also be provided in a report that you generate, provided that all of the information requested in the table below is included.

Name of PEO or PEO Group		Date	
-----------------------------	--	------	--

Client Company					FEIN				
Contact Person									
Mailing Address									
City				State			Zip		
Telephone Number				Fax Number					
Number of Assigned Employees			Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers' Compensation Carrier/Policy #				Health Insurance Carrier/Policy #					

Client Company					FEIN				
Contact Person									
Mailing Address									
City				State			Zip		
Telephone Number				Fax Number					
Number of Assigned Employees			Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers' Compensation Carrier/Policy #				Health Insurance Carrier/Policy #					

Client Company					FEIN				
Contact Person									
Mailing Address									
City				State			Zip		
Telephone Number				Fax Number					
Number of Assigned Employees			Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers' Compensation Carrier/Policy #				Health Insurance Carrier/Policy #					

Client Company					FEIN			
Contact Person								
Mailing Address								
City				State			Zip	
Telephone Number				Fax Number				
Number of Assigned Employees		Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers' Compensation Carrier/Policy #				Health Insurance Carrier/Policy #				

Client Company					FEIN			
Contact Person								
Mailing Address								
City				State			Zip	
Telephone Number				Fax Number				
Number of Assigned Employees		Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers Compensation Carrier/Policy #				Health Insurance Carrier/Policy #				

Client Company					FEIN			
Contact Person								
Mailing Address								
City				State			Zip	
Telephone Number				Fax Number				
Number of Assigned Employees		Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers' Compensation Carrier/Policy #				Health Insurance Carrier/Policy #				

Client Company					FEIN			
Contact Person								
Mailing Address								
City				State			Zip	
Telephone Number				Fax Number				
Number of Assigned Employees		Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers' Compensation Carrier/Policy #				Health Insurance Carrier/Policy #				

Client Company					FEIN			
Contact Person								
Mailing Address								
City				State			Zip	
Telephone Number				Fax Number				
Number of Assigned Employees		Date Relationship Initiated			Workers' Compensation Business Classification Code			
Workers' Compensation Carrier/Policy #				Health Insurance Carrier/Policy #				